

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741417

**FILED**  
**Feb 25, 2019**  
**Secretary of State**  
**3032378445CC**

**Entity Name:** ST. FRANCIS OF ASSISI WILDLIFE ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

5580 SALEM RD  
QUINCY, FL 32352

**Current Mailing Address:**

P O BOX 38160  
TALLAHASSEE, FL 32315 US

**FEI Number:** 59-1888022

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SIMMONS, PAT  
4611 INISHEER DR.  
TALLAHASSEE, FL 32309 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** PAT SIMMONS

02/25/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name PHIPPS, LAURA  
Address 4975 CLIPPY'S DR  
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER  
Name BRENNAN, JOHN ESQ.  
Address 714 LOTHIAN DR  
City-State-Zip: TALLAHASSEE FL 32312

Title SECRETARY  
Name GOMEZ, ELENITA ESQ.  
Address 714 LOTHIAN DR  
City-State-Zip: TALLAHASSEE FL 32312

Title PRESIDENT  
Name SIMMONS, PAT  
Address 4611 INISHEER DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title VP  
Name BARNETT, BARBARA  
Address 1614 PAULA DR.  
City-State-Zip: TALLAHASSEE FL 32303

Title OFFICER  
Name GOSSMAN, KATHARINE  
Address 4611 INISHEER DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title OFFICER  
Name CRAFT, KELLY  
Address 915 GARDENIA DR.  
City-State-Zip: TALLAHASSEE FL 32312

Title OFFICER  
Name POTTER, MITCH DVM  
Address 7983 LOCHKNOLL LN.  
City-State-Zip: TALLAHASSEE FL 32312

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAT SIMMONS

PRESIDENT

02/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           WALDICK, IAN ESQ.  
Address        1828 LARETTE DR.  
City-State-Zip: TALLAHASSEE FL 32301

Title           OFFICER  
Name           FRANKLIN III, ALLAN B. CPA  
Address        3009 GILES PLACE  
City-State-Zip: TALLAHASSEE FL 32309

Title           OFFICER  
Name           HANSELL, DONNA  
Address        3298 ATTAPULGUS HWY  
City-State-Zip: QUINCY FL 32352